



Date Paid: 7-21-2017
 Amount Paid: \$ 300.00
 Cash/MO #/Check #: # 57680
 Receipt #: 551

CASE #: 17-19

City of Killeen Zoning Change Application

General Zoning Change \$300.00 [] **Conditional Use Permit \$500.00**

Name(s) of Property Owner: Estate of Mary B. Brooks Attn: Mark Stanford, Executor

Current Address: 4701 Trimmier Rd.

City: Killeen **State:** TX **Zip:** 76542

Home Phone: () _____ **Business Phone:** (254 289-9308) **Cell Phone:** () _____

Email: Mark.Stanford56@gmail.com

Name of Applicant: Murphy Oil USA Inc., John A. Moore
 (If different than Property Owner)

Address: 200 Peach St.

City: El Dorado **State:** AR **Zip:** 71730

Home Phone: () _____ **Business Phone:** (870) 875-7600 **Cell Phone:** _____

Email: John.Moore@murphyusa.com

Address/Location of property to be rezoned: 4701 Trimmier Rd.

Legal Description: See attached metes and bounds description

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES NO
 If NO, a FLUM amendment application must be submitted.

Type of Ownership: _____ Sole Ownership _____ Partnership _____ Corporation _____ x _____ Other (Estate)

Present Zoning: R-1 **Present Use:** Single Family Residential

Proposed Zoning: B-3 **Proposed Use:** Commercial - Convenience Store with Fuel Sales

Conditional Use Permit for: N/A

This property was conveyed to owner by deed dated 1/29/85 and recorded in Volume 2023, Page 501, Instrument Number n/a of the Bell County Deed Records. (Attached)

Is this the first rezoning application on a unilaterally annexed tract?
 Yes _____ (Fee not required) No _____ (Submit required fee)

APPOINTMENT OF AGENT

As owner of the subject property, I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: Trae Rushing, GreenbergFarrow

Mailing Address: 1430 W. Peachtree St. NW, Suite 200

City: Atlanta State: GA Zip: 30309

Home Phone: () _____ Business Phone: (404) 601-3701 _____ Email: trushing@greenbergfarrow.com
Cell Phone: 404-936-6154

I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

be the point of contact between myself and the City: make legally binding representations of fact and commitments of every kind on my behalf; grant legally binding waivers of rights and releases of liabilities of every kind on my behalf; to consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me. This authorization only applies to this specific zoning request.

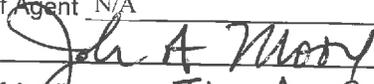
I understand that the City will deal only with a fully authorized agent. At any time it should appear that my agent has less than full authority to act, then the application may be suspended and I will have to personally participate in the disposition of the application. I understand that all communications related to this application are part of an official proceeding of City government and, that the City will rely upon statements made by my agent. Therefore, **I agree to hold harmless and indemnify the City of Killeen, its officers, agents, employees, and third parties who act in reliance upon my agent's words and actions from all damages, attorney fees, interest and costs arising from this matter.** If my property is owned by a corporation, partnership, venture, or other legal entity, then I certify that I have legal authority to make this binding appointment on behalf of the entity, and every reference herein to 'I', 'my', or 'me' is a reference to the entity.

Signature of Agent  Title Project Manager

Printed/Typed Name of Agent Trae Rushing Date _____

Signature of Agent N/A Title _____

Printed/Typed Name of Agent N/A Date _____

Signature of Applicant  Title Sr. Vice President's General Counsel

Printed/Typed Name of Applicant John A. Moore Date 7-13-2017

Signature of Property Owner N/A Title _____

Printed/Typed Name of Property Owner N/A Date _____

Signature of Property Owner N/A Title _____

Printed/Typed Name of Property Owner N/A Date _____

Signature of Property Owner  Title executor

Printed/Typed Name of Property Owner _____ Date _____

*Application must be signed by the individual applicant, by each partner of a partnership, or by an officer of a corporation or association.